POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		11-9-99
O.I.P.E. CLASSIFIER	DW	B2	11/16
FORMALITY REVIEW	BV	71423	11-30-99

INDEX OF CLAIMS

✓	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
—	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim	Date		Claim	Date	Claim	Date
Final / Original			Final / Original		Final / Original	
1			51		101	
2			52		102	
3			53		103	
4			54		104	
5			55		105	
6			56		106	
7			57		107	
8			58		108	
9			59		109	
10			60		110	
11			61		111	
12			62		112	
13			63		113	
14			64		114	
15			65		115	
16			66		116	
17			67		117	
18			68		118	
19			69		119	
20			70		120	
21			71		121	
22			72		122	
23			73		123	
24			74		124	
25			75		125	
26			76		126	
27			77		127	
28			78		128	
29			79		129	
30			80		130	
31			81		131	
32			82		132	
33			83		133	
34			84		134	
35			85		135	
36			86		136	
37			87		137	
38			88		138	
39			89		139	
40			90		140	
41			91		141	
42			92		142	
43			93		143	
44			94		144	
45			95		145	
46			96		146	
47			97		147	
48			98		148	
49			99		149	
50			100		150	

BEST AVAILABLE COPY more than 150 claims or 10 actions
staple additional sheet here

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